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R.I. DEPT. OF STATE BUS SYCS DIV

2018 NOV 30 PM 3: 06

Annual Report for the year: 2018 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
106949	MAR-AL Realty, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531390	To engage in the business of holding Real Estate.					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
306 Town Farm Road			Coventry	RI	02816	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Charles D. Anthony			Contact Title Operating Manager			
Street Address 306 Town Farm Road			City Coventry	State RI	<sup>Zip</sup> 02816	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Charles D. Anthony			Manager Name Janice M. Anthony			
Street Address 306 Town Farm Road			Street Address 306 Town Farm Road			
City Coventry	Slate RI	<sup>Zıp</sup> 02816	City Coventry	State RI	<sup>Zip</sup> 02816	
Manager Name NONE			Manager Name NONE			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		<u></u>	<del></del>	Check the box to ii	ndicate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.						
Name of Authorized Person				Date	Date	
Charles D. Anthony, Operating Manager				11-8	11-8-18	
Signature of Authorized Person  Charles D. and Rosey  1 (A. DOCOMEN CHERS)						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov

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BY Cu Cb 1714

FORM 632 - Revised: 08/2017